Cuckfield Urban District Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year 1948.

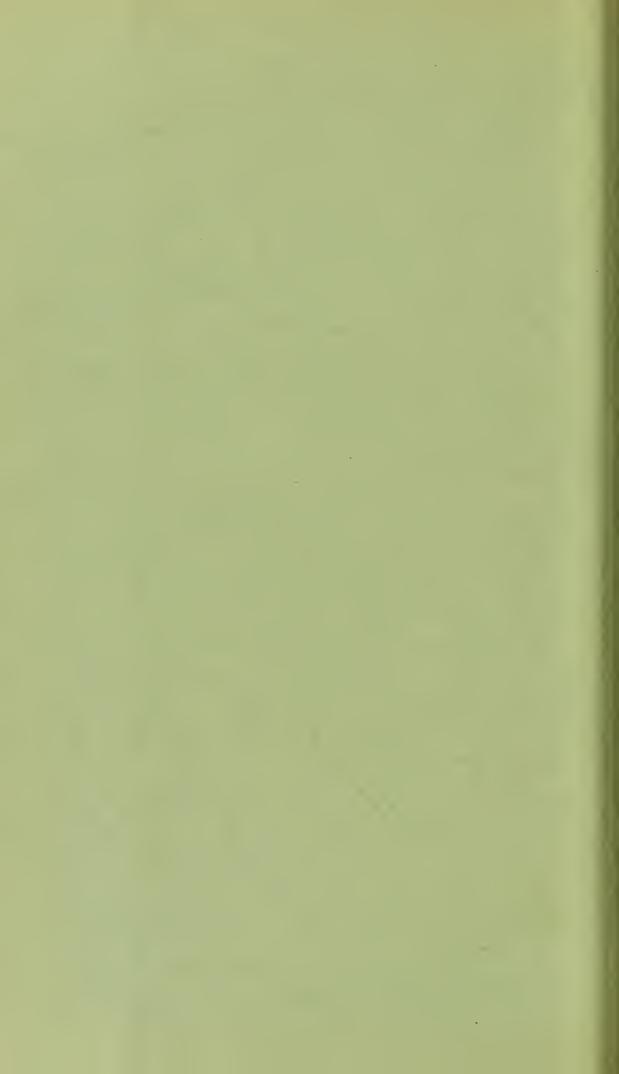
BY

WILLIAM B. STOTT. L.R.C.P. & S. (Edin.), D.P.H. (Camb.).

Charles Clarke (Haywards Heath) Ltd.

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REPORT

OF

The Medical Officer of Health

To the Chairman and Members of the Cuckfield Urban District Council.

I have the honour to submit my Annual Report for the year 1948.

The Crude Death Rate is 10.31, but as no account is taken of the age and sex of the population in the district, the figure is of no particular significance. Before the war the Registrar provided each district with a number, which when multiplied by the Crude Death Rate gave a corrected Death Rate, and this gave an indication of the health of a district. The practice of providing this figure has not yet been recommenced.

The death rate from tuberculosis is .18 as compared with .51 for England and Wales.

The Infant Mortality Rate is 17.86 and the table on page 24 shows that it is considerably lower than in previous years. The highest rate was in 1937—50.63 and the lowest in 1936—12.27.

No deaths occurred from Typhoid Fever, Scarlet Fever, Diphtheria or Measles.

DIPHTHERIA IMMUNISATION

No case of diphtheria occurred during the year. Since 1940 only four children contracted diphtheria and of these three were immunised and one was not immunised—a remarkably low figure for a district with a population of 16,290. In my view immunisation must be given the credit for the elimination of diphtheria from this district, over 90 per cent. of the children over one year having been immunised since 1940 and in recent years the figure has been over 95 per cent. Since the 5th July, 1948, the County Council has been responsible for the administration of the diphtheria immunisation scheme and for this purpose has arranged for the officers of this Council who were previously carrying out the scheme to do so on behalf of the County Council. The County Medical Officer of Health has made no major alteration to the scheme and our relationship with him has been of the happiest. Briefly the scheme as now carried out is that children are given the first injection at 8 months, a second 4 weeks later and a Schick test 3-6 months after the second injection. A reinforcing dose is given at school to all children at 5 years of age and a further Schick test is given at 10 years of age. With regard to the latter it is interesting to find that 87 per cent. of children are still "Schick negative" (immune) nine years after their primary course of injections.

Since May, 1947, in conjunction with Dr. Guy Bousfield, Director of the Camberwell Research Laboratories, and Mr. L. B. Holt, of the Wright-Fleming

Institute of Microbiology, St. Mary's Hospital, we have been investigating a new antigen known as P.T.A.P. which is claimed to have advantages over those hitherto in use. The first of these trials showed that six different batches gave practically identical Schick conversion rates, thus proving in a remarkable degree its antigenic uniformity.

Mr. Holt hopes that with P.T.A.P. only one, instead of the customary two injections need be given, which would of course be a great advance in immunisation procedure.

With this end in view, children are given one injection, and one month afterwards a Schick test. It would not be fair to the parents or children to rely on one injection at this stage and we therefore give a second injection of P.T.A.P. when the test is read—even when that is negative. Acting as controls, a similar number of children are injected with A.P.T., the same procedure being carried out. Up to the present the numbers are too small for me to give an opinion as to whether one injection will give adequate protection against diphtheria.

A satisfactory point is that practically no local reactions have been reported when P.T.A.P. is used on nine-month-old babies. We are using it for all the reinforcing doses in the five-year age group, and on examination some days later very few children appear to have had any reaction.

The Medical Research Council has been carrying out investigations of vaccines for immunisation against whooping cough, but up to the present no definite conclusions have been reached. The public in this district realise the value of immunisation against diphtheria, and until it has been proved that whooping cough immunisation is equally efficacious I do not consider that we should recommend it to parents, as failures might harm the diphtheria immunisation scheme.

Some general practitioners are giving a combined diphtheria and whooping cough vaccine, but we have found that quite an appreciable percentage of such children when Shick tested were positive. One warning given by the Ministry of Health is that if combined immunisation is practised the two antigens should never be mixed in the clinics or surgeries.

In previous reports we have based our figures on the age groups 1-15, completely ignoring the 0-1 year group in view of the fact that the first injection was not given till the child reached the age of eight months.

In order to come into line with the Ministry of Health Return, however, we now base our figures on the age group 0-15. There are 3,363 children in this group, and of these 3,170 have been immunised—a percentage of 94. If we were to ignore the 0-1 group as formerly, our percentage would be 99.

All the testing and test reading throughout the area has been carried out by Dr. H. L. Duke, Deputy Medical Officer of Health, and he also gave the majority of the inoculations. It is mainly due to his efforts and those of Miss F. M. Dean, Immunisation Clerk, that the scheme runs so smoothly and efficiently.

SCARLET FEVER

For the second year running the incidence of scarlet fever in the district has been low, 3 cases in 1947 and 3 cases in 1948. From 1939 to 1946 the number has been 15, 22, 49, 5, 38, 29, 22, 6 and the reason for the sudden drop in the last two years is not apparent. The drop in the number of cases did not occur in England and Wales as a whole, more cases being notified in 1947 than in 1946. The rates for 1947 and 1948 in this district are .20 and .18 as compared with 1.37 and 1.73 for England and Wales for the corresponding two years. In the adjoining Cuckfield Rural and Burgess Hill Urban Districts

there has been a similar low incidence of scarlet fever for the last two years and few cases have occurred in the whole area during the first half of 1949. Because of the mildness of the disease cases are now removed to hospital only if proper isolation is impossible at home, and of the 3 cases, one was removed to the isolation hospital. The occurrence of single cases in a school without subsequent further cases is a comparatively new phenomenon and must be regarded as due to either a high immunity of the child population to scarlet fever or to a lowered infectivity of the causal organism, the streptococcus hæmolyticus, or both.

SCABIES

The number of cases treated during the year was 22 compared with 26 in 1947.

HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES

As from the 5th July, 1948, the Mid-Sussex Isolation Hospital has been administered by the Mid-Sussex Hospital Management Committee. Accommodation consists of 40 beds, 12 in the Cubicle Block and 14 in each of the other two wards, the population of the area served by the hospital being 104,750.

The number of beds have been found to be adequate and although two cases had to be treated at another hospital during the year this was because of

shortage of staff.

As will be seen by the table on page 27 as many as 30 different types or combination of diseases were treated, made possible by the availability of the Cubicle Block.

FOOD INFECTIONS

Section 17 of the Food and Drugs Act, 1938, provides that if a registered medical practitioner becomes aware or suspects that a patient whom he is attending is suffering from food poisoning he shall forthwith notify the case to the medical officer of health.

The reason for notification is to enable the medical officer of health to undertake investigations with a view to ascertaining the cause and preventing, if possible, further spread. During the year one case of food poisoning was notified, but that does not necessarily mean that this was the only case to occur in this district during the year, as mild cases may have occurred without the general practitioner having been called in. Few people in the course of a year do not have at least one attack of sickness or diarrhoea, or both, due frequently to a food infection, although it is difficult to be sure if none of the other members of the family have symptoms at the same time. For example, I received notifications of food poisoning recently from a medical practitioner in respect of seven members of a family residing in an adjoining district. On investigation it was found that the first member of the family to suffer was the infant, approximately 24 hours before the other members. The mother had had to change the baby's napkins frequently and it seems likely that in doing so she infected her hands (it would be practically impossible not to do so). Not realising that she was dealing with an infection she had not washed her hands sufficiently thoroughly and in preparing the mid-day meal, consisting of corned beef, she probably infected it. This outbreak came to light principally because the family was a large one. Had the family consisted of father, mother and baby only, food poisoning might not have been suspected.

An infection such as described is limited to the family, but if a food handler in a catering establishment infects food there, the outbreak that results is a much more serious matter, as several hundred people may be affected. During recent years far more people, than formerly, have contracted the habit of having their meals out and there has also been an increase in canteen

facilities both at schools and workplaces and all these factors are regarded as being responsible for the seven-fold increase in the number of outbreaks of food poisoning which have occurred in this country as compared with pre-war.

The Ministry of Food has set up a Catering Trade Working Party to make recommendations concerning precautions which are considered practicable and desirable for securing the observance of sanitary and cleanly conditions in the catering trade, and their findings should be most instructive and valuable. The Local Government Associations appointed representatives to give evidence before this Working Party, and I had the honour of representing the Rural District Councils Association.

Probably the best method of preventing food infections is by the education of the management and staff in how food can become infected and the precautions to be taken to prevent it. In this district a letter was sent to the management of all catering establishments and food-preparing places drawing attention to the increase in the number of outbreaks of food poisoning in this country and pointing out that many of these had been caused by carelessness in the matter of personal hygiene by persons handling and preparing food. The foods most likely to be a source of danger were enumerated and predisposing factors were set out. Attached to the letter was a supply of leaflets "The Customers' Health is in Your Hands' (published by the Central Council for Health Education) for distribution to each member of the staff.

In my last year's report I mentioned that a number of talks had been given to catering staffs by your Medical Officer of Health and Senior Sanitary Inspector and that these had been well received by both management and staff. These talks were continued during 1948 and it is intended to give further ones in the future from time to time. A great deal is achieved in the way of education by frequent visits of the sanitary inspectors to premises when food is being prepared and when washing up is in progress. During the year 619 inspections were paid to food shops, 101 to bakeries, 90 to ice-cream premises, 89 to catering establishments, and in addition 273 visits were made to dairy farms and dairies.

The long-term method of education, however, is through the agency of the schools. The habit of washing hands after being to the w.c. should be instilled into every child so that it becomes an automatic habit. In their last two years at school girls should be taught the reasons for personal cleanliness in preparing food, how food becomes infected and the consequent dangers to those who consume it. It is much easier to instil clean habits in children when their minds are receptive than to persuade adults with dirty habits to change them.

The increasing habit of persons dining out already mentioned meant that certain restaurant kitchens in this district had been providing a larger number of meals than they were originally meant to supply, and in such circumstances there is always a tendency for a lowering of hygienic methods to take place. The management of these restaurants, therefore, were approached and in three instances the kitchen accommodation was practically doubled and other improvements effected at the same time. There are still kitchens which are not large enough for the trade being done and these will have to come into line with the others in the near future.

All catering and food-preparing places and also shops where food is handled should be equipped with constant hot water, soap, and towels to enable the staff to wash their hands frequently, and particularly after having been to the w.c. In my opinion it is not sufficient to provide the hot water by means of a kettle and the smaller establishments should instal an instantaneous gas or electric water heater over the sink if no other constant supply is available.

Many outbreaks of food poisoning have been due to food being prepared one day, becoming infected, stored at a warm temperature overnight, and

consumed the next day. If the food had been stored in a refrigerator food poisoning would not have taken place, and in my view every catering establishment should be equipped with a refrigerator.

A deterrent to the installation of gas and electric water heaters and refrigerators is that purchase tax has to be paid on them—an unfair burden on the trader. As their provision is a health requirement and would diminish the number of outbreaks of food poisoning, it is hoped that purchase tax on these articles will be waived in the very near future.

One too often sees flies in café and restaurant kitchens and I cannot stress too strongly how flies can, and do, infect food. Every precaution should be taken to prevent exposure of food to flies by fly-proofing larders, and keeping all food covered. Now that D.D.T is available there is no excuse for the presence of flies in such places. Every establishment should possess a small hand spray and a supply of liquid D.D.T. and if the walls and windows are sprayed regularly not a fly should be seen. The cost of a small spray is small, and I would even go further and recommend that every house in the district should have one and a supply of D.D.T. which should be sprayed from time to time on the walls of the kitchen and larder. This practice if universally carried out would probably have the effect of eliminating the fly problem completely.

Food on display is too often exposed without covering on counters to which the public have access and all food should be protected from infection by being screened by glass.

Cakes containing synthetic cream have been known to cause outbreaks of food poisoning, the cream having been infected from a human source, and I should like to see the practice of handling cakes by means of servers instead of by hand become general throughout the area.

The public can help in a clean food campaign by refusing to accept unclean crockery in a café or restaurant, or by reporting dirty methods which they have observed to the Public Health Department. The Federation of Women's Institutes, for example, have been conducting a campaign for cleaner methods of food handling, and the Secretary of the Warwickshire Branch has recently written a letter which appeared in the National Press deploring the continued use by many catering establishments of chipped and cracked china, particularly cups, and urging its members to refrain from patronising such places.

Before the war it was the custom for bakers to wrap bread in paper before handing it to customers across the counter, and although I do not suggest that food infections can occur from unwrapped bread I do consider that on hygienic grounds the practice should be re-commenced. All articles of wearing apparel are wrapped in paper before being handed over the counter—why not bread?

HOTELS AND PUBLIC HOUSES

Mr. Staynes reports that all public houses in the Urban area now have hot water laid on to the bars—an excellent achievement.

Inspections of the sanitary conveniences at all public houses in the district has necessitated the preparation of plans for extensive reconstruction at three such premises, and it is hoped that the necessary works will be completed during 1949. In the cellars of these premises there still remains much rubber tubing forming the joints of the porcelain or metal pipes between the barrels and the lead pipe from the ceiling to the engine. Whilst most publicans take pride in keeping these pipes clean he feels that these rubber pockets, lead pipes, etc., expose the public to unnecessary risks and would like to see these pipes replaced by mono-metal piping which is very easily sterilised.

MILK SUPPLY

Surveys were carried out in 1936 and 1947 to ascertain the proportion of the types of milk consumed in the district and a similar survey was carried out recently. The results and comparisons of these surveys are shown below.

Daily Amount of Milk Consumed								
Type of Milk	1947 Amount % (galls.)	1949 Amount % (galls.)						
Ordinary Pasteurised Tuberculin Tested	961 87 88 8 53 5	411 29 473 33 529 38	644 34 579 30 670 36					

It is very pleasing to note that there has been a large increase in the consumption of tuberculin-tested milk as compared with 1936—53 gallons in 1936 (5 per cent.) and 670 gallons in 1949 (36 per cent.), and that the consumption of pasteurised milk has also increased greatly—88 gallons in 1936 (8 per cent.) and 579 gallons in 1949 (30 per cent.). Because they are safe milks I have been advocating the consumption of tuberculin-tested and pasteurised milks for many years, and the people in this district are to be commended for their increasing demand for such milks. To those parents who give their children ordinary milk I reiterate the advice that it should first be brought to the boil, as if this is not done there is always the risk of infecting them with tubercle bacilli.

WATER SUPPLY

- (i) The water for the whole of the urban district is supplied by the Mid-Sussex Joint Water Board. This was satisfactory in quality and quantity. Monthly samples were taken for bacteriological analysis and all were reported as being satisfactory.
- (ii) The Board carried out monthly bacteriological examination of the raw water and all were satisfactory. The water was chlorinated after filtration.
- (iii) The supply is not liable to plumbo-solvent action.
- (iv) There was no evidence of the supply being contaminated.
- (v) Every house in the district is provided with a piped supply direct to the house.

HOUSING

Mr. C. A. C. Ford, Housing Manager, has kindly supplied particulars relating to families rehoused by the Council during the year. A total of 216 families were rehoused, 128 in post-war dwellings (60 houses, 28 flats and 40 bungalows), 82 in existing Council-owned properties and 6 in requisitioned premises. At the end of the year there were 552 names on the applicants register. A further 284 were received during the twelve months, but with the offer of accommodation in 144 cases and 257 applications deleted as a result of a review the total number of applications outstanding on the 31st December, 1948, was 435.

My thanks are due to Mr. Staynes, Senior Sanitary Inspector, for his help and co-operation and for the particulars supplied for this report and to the other members of the Staff, and in particular to Miss Everson, my Secretary.

I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W. B. STOTT,

Medical Officer of Health.

PUBLIC HEALTH STAFF

Medical Officer of Health . . WILLIAM B. STOTT, L.R.C.P. & S. (Edin.), D.P.H. (Camb.)

Senior Sanitary Inspector . . R. Staynes, M.S.I.A., M.R.S.I.,

Certified Meat Inspector

Additional Sanitary Inspector W. G. Coker, M.S.I.A., M.R.S.I.,

Certified Meat Inspector

Clerks to the M.O.H. .. Miss G. L. EVERSON

Miss G. J. SHUTTLEWOOD

Clerks to the S.S.I. . . . Miss J. W. HAYLOR

Miss J. K. SIMMONS

Mr. R. A. Ostler, an assistant in the Sanitary Inspector's Office, passed the examination of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board and obtained an appointment as an Assistant Sanitary Inspector with another Authority.

Mr. K. G. Rapley, a clerk in the Sanitary Inspector's Department, left the service of the Council during the year to take up duties as a Health Inspector in East Africa.

At the request of the Education Authorities, it was agreed to accept student sanitary inspectors into the Senior Sanitary Inspector's office for practical training in connection with the post-war training scheme. During 1948 two such students were accepted.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Summary of Statistics for the years:

	1946	1947	1948
Area of District in acres	3,912	3,912	3,912
Population estimated to middle of			
year	14,820	15,130	16,290
Rateable value	£144,961	£142,222	£147,907
Sum represented by a Penny Rate	£570 19 4	£572 3 7	£587 11 4
Density of Population (persons per			
acre)	3.79	3.87	4.16
Number of Houses	4,281	4.393	4,611
Birth Rate per 1,000 population	16.60	18.39	13.75
Death Rate per 1,000 population	13.16	12.62	10.31
Infant Mortality Rate ,.	24.37	32.37	17.86

CAUSES OF DEATH IN CUCKFIELD URBAN DISTRICT

					Males		FEMALES
1.	Typhoid and Paratyphoid Fever	S			_		_
2.	Cerebro-spinal Fever				_		_
3.	Scarlet Fever						_
4.	Whooping Cough				_		1
5.	Diphtheria				_		_
6.	Tuberculosis of Respiratory Syst				2		1
7.	Other forms of Tuberculosis				·		-
8.	Syphilitic Diseases				_		_
9.	Influenza				1		1
10.	Measles				_		_
11.	Acute Poliomyelitis and Polio-en	ncepha	litis		_		_
12.	Acute Inf. Encephalitis				_		_
13.	Cancer of B. Cav. and Oesoph.	. (male	e), Ute	erus			
	(female)		••		2		5
14.	Cancer of Stomach and Duoder		• •	• •	2	• •	1
15.	Cancer of Breast			• •	_		5
16.	Cancer of all other sites		• •		10	• •	7
17.	Diabetes				_		1
18.	Intra. Cran. Vasc. Lesions	• •			2		14
19.	Heart Disease				28		30
20.	Other Diseases of Circulatory S	ystem			5		2
21.	Bronchitis				1		4
22.	Pneumonia				3		5
23.	Other Respiratory Diseases				_		4
24.	Ulcer of Stomach or Duodenum	า			—		_
25.	Diarrhoea under 2 years		• •		—		1
26.	Appendicitis				_		—.
27.	Other Digestive Diseases				_		2
28.	Nephritis	• •	• •		2		2
29.	Puerperal and Post Abor. Sepsi	S			_		_
30.	Other Maternal Causes		• •		—		_
31.	Premature Birth				1		1
32.	Con. Mal. Birth Inj. Infant Dis	•			1		_
33.	Suicide				1		_
34.	Road Traffic Accidents				1		1
35.	Other Violent Causes				—		1
36.	All other Causes				6		11
		Totals			68		100
					-		

BIRTH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY During the Year 1948 (Provisional Figures).

ATE PER 000 LIVE BIRTHS.		Total Deaths under I year	34	39	32	31	17.86
RATE 1,000 BIRT	ļ	Diatthoea and Enteritis (Under 2 year	3.3	4.5	2.1	2.4	4.46
ż		Pneumonia	0.41	0.38	0.36	0.54	0.49
Annual Death Rate per 1,000 Civilian Population.		Acute Poliomy litis and Polioencephalit	0.01	0.01	0.01	0.00	
IAN POI		Small-pox					1
0 CIVIL		rzuənyu	0.03	0.03	0.04	0.02	 0.12
er 1,00		Tuberculosis	0.51	0.59	0.46	0.63	 0.18
RATE P		Diphtheria	0.00	0.00	0.00	0.01	
Беатн		Whooping Cough	0.02	0.02	0.02	0.01	0.06
NNUAL		Typhoid and Para-typhoid Fevers	0.00	00.0	0.00	0.00	
\ \		All Causes	10.8	11.6	10.7	11.6	10.31
RATE PER 1,000 CIVILIAN		Still Births	0.42	0.52	0.43	0.39	0.43
RATE PER 1,0 CIVILIA POPULATI		Live Births	17.9	20.0	19.2	20.1	13.75 0.
			England and Wales	126 County Boroughs and Great Towns, incl. London	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census	London	Cuckfield Urban

Total. 0.86 Nii Puerperal Sepsis. The Maternal Mortality Rates for England and Wales are as follows:—Per 1,000 Total Births 0.13

The Maternal Mortality Rates for the Cuckfield Urban District are as follows Nil

BIRTHS AND DEATHS

Births and Birth Rate

The following table shows the Births registered for the year 1948:—

Legitimate Illegitimate	 <i>Male</i> 109 8	 <i>Female</i> 96	 <i>Total</i> 205
Totals	 117	 107	 224

This gives a rate of 13.75 per 1,000 population.

		Male	Female	Total
Total	Stillbirths	 3	 4	 7
	Legitimate	 3	 4	 7
	Illegitimate	 _	 _	

Deaths and Death Rate

The following table shows the Deaths registered for the year 1948:—

Male	Female	Total
68	 100	 168

This gives a mortality rate of 10.31 per 1,000 population.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Laboratory Facilities:

Arrangements are made for the examination of specimens for diphtheria, typhoid, etc., with the Clinical Research Association, South Road, Haywards Heath (Tel. No. Haywards Heath 576). Medical practitioners send the specimens direct to the Laboratory, and they receive the report by telephone, a copy of such report being sent to this office.

Sputum for tuberculosis—specimens are sent to the County Mental Hospital, Hellingly. Outfits and envelopes addressed to Hellingly can always be obtained on application to the County Medical Officer of Health, Public Health Department, County Hall, Lewes.

Bacteriological examinations of milk are carried out by the Clinical Research Association. Water, bathing pools, etc., are also carried out by this Association.

Ambulance Facilities:

Two motor ambulances are attached to the Mid-Sussex Isolation Hospital for the removal of cases of infectious disease. The British Red Cross Society provide two ambulances for accident cases.

Smallpox:

Cases of smallpox are sent to the Sedgebrook Smallpox Hospital, Plumpton, which has accommodation for ten cases.

CLINICS AND TREATMENT CENTRES

CLINICS	AND IREATMENT	CENTRES
Infant Welfare Centres:		
Cuckfield		2nd Fridays
E	Church Hall	Dr. each session
Franklands Village	The Institute	2nd and 4th Wednesdays
Haywards Heath	County Clinic	Dr. 2nd Wednesday Every Friday
riaywaids fleatii	County Clinic, Paddockhall Road	Dr. 2nd and 4th Friday
	raddockiidii Road	A/N 2nd Thursdays
		Dr. each session
Lindfield	The Tiger,	Alternate Mondays
	High Street	Dr. once a month
Clinics:		To M. J.
Diphtheria Immunisation	E.S.C.C. Clinic, Oaklands,	Every Monday, 10 a.m12 noon
	Haywards Heath	10 a.m12 110011
Т.В	E.S.C.C. Clinic,	Every Thursday except
	Oaklands,	2nd Thursday
	Haywards Heath	•
Orthopædic	E.S.C.C. Clinic,	Monday, 2 p.m.
	Mill Road,	Wednesday, 10.30 a.m.
	Burgess Hill	Friday, 2 p.m. Dr. attends 4th Wednesday
Speech Therapy	E.S.C.C. Clinic,	Wednesday 9.30 a.m.
specen incrupy	Oaklands,	(By appointment)
	Haywards Heath	
Child Guidance	East Grinstead:	Every Friday, 10.0 a.m.
	Moat Road	(By appointment)
•	Lewes:	Eveny Wednesday
	Eastgate Baptist Church Room,	Every Wednesday, 10.0 a.m.
	Lewes	(By appointment)
	Hove:	(b) appearance
	33 Clarendon Villas,	Tuesday at 10 a.m.
N.61 A.11	Hove 3	Thursday at 2 p.m.
Minor Ailments	E.S.C.C. Clinic,	Weekdays (Mandays to Fridays)
	Oaklands, Haywards Heath	(Mondays to Fridays)
Dental	E.S.C.C. Clinic,	Tuesdays and Thursdays,
	Oaklands,	10 a.m. and 2 p.m.
	Haywards Heath	•
School Clinic	E.S.C.C. Clinic,	1st, 3rd and 5th Mondays,
	Oaklands,	10 a.m.
Family Planning	Haywards Heath E.S.C.C. Clinic,	Dr. Douglas 2nd and 4th Wednesdays
Tumiy Tuming	Oaklands,	Dr. each session
	Haywards Heath	
Venereal Diseases	Facilities available	at Royal Sussex County
	Hospital, Brighto	
		ay, 1.30-4.30 p.m.
		lay, 1.30-4.30 p.m. ay, 1.30-4.30 p.m.
	Women and Tuesda	
		lay, 10 a.m1 p.m.
	Saturd	ay, 10 a.m1 p.m.
		d at least one hour before
	the Clinic closes.	

SANITARY SUPERVISION OF THE AREA

The following is a list of visits made in the sanitary supervision of the area.

*Slaughterhouses					 415
Foodshops					 619
Bakehouses					 101
Cowsheds					 168
Dairies					 105
Ice-cream Premises					 90
Primary Public Healt	th Acts				 458
D 1					 1,359
_ ^.					 220
Public Houses					 24
Control of Building	Works				 446
Maintenance of Requ	uisitione	ed Ho			 160
Restaurant Kitchens					 89
Caravans					 6
1.7. (1.7.6)					 2,406
Disposal of Househo					 52
Refuse Tips					 2
Shops Act					 140
Workplace Inspection					 7
Infectious Diseases					 25
Miscellaneous					 123
Swimming Pools					5
Keeping of Animals					9
Cattle Market					 4
Public Conveniences					 42
		•			
			To	otal	 7,075

^{*} Approximately one-fifth of these visits were made by the Sanitary Inspectors of the adjoining Rural District.

COMPLAINTS

One hundred and eighty-one complaints were received and dealt with as under:—

Rats and Mice	 	60
Nuisances from Drains	 	8
Offensive Smells	 	8
Defective Housing Conditions	 	34
Accumulation of Refuse	 	2
Insect Pests	 	53
Nuisance from Keeping of Animals, etc.	 	9
Miscellaneous	 	7

Of the 53 complaints of insect pests, 16 were of infestations by flies and 26 of wasps. In many instances householders are incapable of dealing with wasps' nests and an employee of the Council successfully deals with them by spraying with liquid insecticide or cymag gas—a charge is made for this work.

[†] This figure includes 2,037 visits made by the Council's Rodent Operative.

STATUTORY NOTICES

	Section 75, Pul								
Served							12		
Complied with b	ov Owners						10		
Complied with b	y Local Auth	ority in	defau	lt of C)wners		2		
	Section 45, Pul								
Served							1		
Complied with b	by Owners						1		
S	Section 93, Pul	blic He	alth Ac	t, 1930	5				
Served							3		
Complied with b	y Owners						3		
	PRELIMINARY NOTICES								
Served							218		
Complied with b	y Owners						159		
Voluntary Works (under Build	s Supervised ding Licences,				• •	• •	34		
	INFESTATIONS								

INFESTATIONS

All infestations were dealt with by liquid insecticide. The following premises were disinfested during the year:—

Flies	 	 27
Wasps	 	 27
Ants	 	 5
Bugs	 	 5
Beetles	 	 3

HOUSING

On the outbreak of war there were in this district, as in many others, a number of condemned cottages still occupied. As a part of its post-war housing plan the Council has re-housed all families with children living in condemned houses.

During the year plans for the reconstruction of one condemned house and the conversion of two others to one house were approved.

One cottage, which would have been represented to the Council as unfit and not repairable at reasonable cost at the first opportunity, became vacant and was converted to use as a store in connection with a shop by the owner. The Council approved this action.

Emergency Housing Accommodation

One large house was requisitioned during the year and converted to five flats under the supervision of the Senior Sanitary Inspector. The cost of the works involved was £610 7s. 2d.

The condemned cottage referred to in my last report as let under the Defence (General) Regulations continued to be so let.

Disposal of Household Equipment

At the end of the war a large quantity of equipment useful to householders remained as surplus stores and the Council purchased this equipment in order to help the tenants allocated to new houses, requisitioned properties, etc. Senior Sanitary Inspector was made responsible for the disposal of this equipment, which was available at prices cheaper than new and of course without dockets or coupons. By the end of the year, equipment to the value of £384 7s. 11d. was sold.

CARAVANS

Three licenses to erect and station moveable dwellings (trailer-type caravans), within the Urban District were granted during the year.

FACTORIES

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

		Number of					
Premises	No. on Register	Inspec- tions	Written Notices	Occupiers prosecuted			
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities (ii) Factories not included in (i) in which section 7 is enforced by the Local	27	65	2	Nil			
Authority (iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	71 —	169 	4	Nil Nil			
Totals	98	234	6	Nil			

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. o	No. of cases in which			
Tarcoulars	Found	Reme- died	To H.M.	By H.M. Inspector.	prosecu- tions
Want of cleanliness (S.1)	13	10	-	_	_
Overcrowding (S.2)	_	-	_	_	_
Unreasonable temperature (S.3)	- -	-	 - -	 	- -
Ineffective drainage of floors (S.6)	-	_	_	_	-
(a) Insufficient (b) Unsuitable or defect-	1	1	-	1	-
ive	2	1	_	-	-
(c) Not separate for sexes	_	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	_	_	-	_
Totals	16	12	-	1	_

OUTWORK

(Sections 110 and 111)

Nature of Work	No. of out- workers in August list required by Sect. 110 (1) (c)		No. of prosecutions for failure to supply lists	No. of instances work in unwhole- some premises	Notices served	Prosecu- tions
Wearing apparel— Making, etc Cleaning and washing	2	-	-	-	-	-

Sections 15 - 45—Nil.

Means of Escape in Case of Fire

During the year H.M. Inspector of Factories suggested that the time had arrived when Local Authorities should speed up their work of inspection, etc., of those factories requiring Certificates of Adequate Means of Escape in Case of Fire. In this area fourteen such certificates had already been issued and a further five were required. The necessary inspections were made, and four certificates were issued, fairly extensive improvements in means of escape delaying the issue of the fifth.

INSPECTION AND SUPERVISION OF FOOD

Meat Inspection

There are two slaughterhouses in use in the district, one a Government selected slaughterhouse, the other at a large institution. Three men were licensed to slaughter animals during the year.

During the year 4,663 animals were slaughtered at the Government slaughterhouse and all were inspected. There were 415 visits to the slaughterhouse, and 1,008 condemnations involving 21,817lb. of meat and offals were made.

Animals Slaughtered

Bulls				51
Bullock	S			516
				265
Heifers		• •		270
Calves		• •		1219
1	• •		• •	2199
Pigs	• •	• •	• •	143

4,663

Carcases of Animals Inspected and Condemned

	Cattle exc.	Cows	Calves	Sheep and Lambs	Pigs
Number killed	837	265	1,219	2,199	143
Number inspected	837	265	1,219	2,199	143
All Diseases except Tuber- culosis: Whole carcases condemned	_	_	1	4	4
Carcases of which some part or organ was condemned	367	96	25	294	14
Percentage of the number inspected affected with disease other than Tuberculosis	43.85	36.23	2.13	13.55	12.59
Tuberculosis only: Whole carcases condemned	5	10	2	_	2
Carcases of which some part or organ was condemned	98	85	-	-	1
Percentage of the number inspected affected with Tuberculosis	12.3	35.85	0.16	-	2.1

The above table shows that of 265 cows slaughtered, 95 were affected with tuberculosis in some degree, whilst 191 were in some way diseased. The percentage of cows killed affected with tuberculosis (35.85) is higher than last year, the figures for 1940, 1941, 1942, 1943, 1944, 1945, 1946 and 1947 being 47, 55, 52, 65, 56, 49, 46 and 31 respectively.

Of 51 bulls slaughtered, 15 were affected with tuberculosis in some degree.

Of all cattled killed (1,102) 198 were affected with tuberculosis in some

degree.

Many of the animals slaughtered here are killed on the day they have passed through a market and have been transported to the slaughterhouse.

Notification of calves found to be suffering from generalised tuberculosis is made to the Animal Health Division of the Ministry of Agriculture and Fisheries and during the year the notification of two such calves resulted in the slaughter of the dams, both of which were found to be affected with generalised tuberculosis.

MILK SUPPLY

REGISTRATION

Tuberculin-Tested Milk:

Producers			 7
Producer Retailers			 1
Retailers (including T.T.	Certified)	 10

Accredited Milk:					
Producers			 	 	2
Producer 1	Retailers	8	 	 	1
Ordinary Milk:					
Producers			 	 	3
Retailers			 	 	11
Pasteurised Milk:					
Dealer's L					
Supplemen	tary Lie	cences	 	 	2
Note.—There is					

SAMPLING

The standard adopted for milk other than pasteurised milk is that samples which pass the methylene blue test have counts of under 200,000 per m.l., and absence of coliform organisms in 1/100th m.l. are considered to be satisfactory.

Tuberculin-Tested Milk

Eighty-five samples (65 from farms and 20 by retail) of locally produced tuberculin-tested milk were taken and two contained B. Coli in 1/100th m.l., three failed the methylene blue test but none had counts over 200,000.

Accredited Milk.

Twenty-seven samples of locally produced accredited milk were taken at the place of production and two samples were unsatisfactory, failing the methylene blue test and containing B. Coli in 1/100th m.l.

Ordinary Milk.

Twenty samples of locally produced ordinary milk were obtained. Three samples were unsatisfactory, all failing the methylene blue test and containing B. Coli in 1/100th m.l. and two having counts of over 200,000.

Sixty-five samples of ordinary milk were obtained by retail and 57 were satisfactory. Of the eight unsatisfactory samples, one failed all three tests, three contained B. Coli in 1/100th m.l. and failed the methylene blue test and four contained B. Coli in 1/100th m.l.

Of the 132 samples of locally produced milk seven (5.3 per cent.) were unsatisfactory by our standards as compared with 0.7 per cent. last year and 4.0 per cent. in 1946.

Pasteurised Milk.

Thirty-five samples of pasteurised milk were obtained by retail and thirty-two were satisfactory. The three unsatisfactory samples contained B. Coli in 1/100th m.l.

Biological Examination

Thirty-six samples of milk (20 produced locally and 16 from outside) were submitted for biological examination and all gave negative results.

ICE-CREAM

There are no premises registered for the manufacture of ice-cream in this district.

At the end of 1948 there were eighteen premises registered for the storage and sale of ice-cream. At 12 of these premises wrapped ice-cream only is sold and it is our endeavour to secure that as much as possible of the ice-cream sold in this district shall be sold as wrapped by the manufacturer.

A letter was sent to all vendors of ice-cream in the district pointing out the most likely methods by which ice-cream becomes contaminated and the

precautions to be taken to prevent such contamination.

During the year forty-seven samples of ice-cream were submitted to the laboratory for examination for bacterial count, b. coli, methylene blue test and grading and were reported upon as follows;—

	Grade	II	1	1	1	1	1	1	c	-	1	1	1	l	4
	U	_	_	1	1	_	S	∞	2	7	4	9	9	1	43
	Over	hours		1	1	-	2	∞	2	7	4	9	9	1	43
Blue	41	Ţ	. 1	1	1	1	l	l	l	1	1	1	1	1	1
Methylene Blue	_	þ	1	1	1	1	1	1	_	1	1	1	1	1	-
Met	21	5 <u>2</u> hours	1	1	1	1	1	ı	_	1	1	ı	ı	ı	1
	,	hours	l	1	1	1	ı	l	-	_	ı	1	ı	1	2
	B. Coli	1/100th	l	1	1	1	ı	1	ю		1	1	1	l	4
	200,000	300,000	l	1	ı	1	1	1	_	_	ı	1	1	l	2
ount	100,000	200,000	1	ı	1	ı	1	1	2	1	1	1	1	1	2
Bacterial Count	50,000	100,000	ī	ı	l	1	1	1		_	1	1	1	1	2
Ba	25,000	20,000	1	1	I	_	2	4	2	2	5	_	1	1	14
	107	25,000	-	1	1	1	3	4	2	4	2	5	9	l	27
	J-0-1-4	sample	1	l	1	-	5	∞	∞	∞	4	9	9	1	47
	Month		January	February	March	April	May	June	July	August	September	October	November	December	Totals

The four samples containing b. coli and showing fairly rapid reduction times were from two retailers who obtain their supplies from one wholesaler in a neighbouring town. Several subsequent samples showed that the cause of the trouble had been eradicated.

Vans used for the sale of ice-cream visit this area from neighbouring districts. The owners do not manufacture ice-cream themselves and it is doubtful whether registration of the vans is required by the Food and Drugs Act provided they are never taken on to premises for the purpose of sale of ice-cream. Street supervision of these vans is maintained and washing facilities, including means of heating water, are required in them. Until registration of such vans is required it is possible that unsatisfactory vans devoid of means of ordinary cleanliness may be used.

Applications for the Registration of premises for the sale of ice-cream are rapidly increasing, and in an endeavour to secure cleanliness of utensils which come into contact with the ice-cream and of persons serving ice-cream, a sink with constant hot and cold water supply is required to be provided in the room where loose ice-cream is sold; similar facilities in a readily accessible

position are accepted where wrapped ice-cream only is sold.

DESTRUCTION OF RATS AND MICE

There were 60 complaints regarding rat infestation during 1948, and these led to the inspection of 508 premises of which 131 were found to be infested. The Council employ a rat operative trained under the Ministry of Food's Scheme, and this man worked at 129 premises. In addition 4 infestations were referred to the County Pests Officer and 2 infestations were dealt with by the occupiers themselves. One hundred and ninety-nine dead rats were found and it is estimated that 1,338 rats were destroyed.

During October a re-test of the Council's sewers was made, manholes

During October a re-test of the Council's sewers was made, manholes not previously tested being used. Infestations were found at two of the 138 manholes tested, and these were treated with poison and cleared. Defects on the drainage systems of 7 houses in the vicinity of the infestations were

made good.

FLIES.

Last year I reported upon an unprecedented infestation of flies at a few houses in this district during the Autumn of 1947 and that many more houses were found to be plagued in the spring of 1948.

I am pleased to report (I hope not prematurely) that the action taken appears to have been effective, as the threatened seasonal re-appearance of the

pest has not occurred.

LICENSING OF WORK

The Senior Sanitary Inspector is responsible for the licensing of works to existing buildings unless structural alterations requiring the submission of plans is involved, and during 1948 there were 373 applications involving over £22,703 of works to be dealt with.

PUBLIC SANITARY CONVENIENCES

Such conveniences are rarely planned for before an urgent need for them arises and in order to make available to the public a number of conveniences without an extensive building programme, agreements were reached with the Breweries owning certain local public houses with conveniences accessible from the highway whereby the conveniences are open all day and until late at night in return for their maintenance at the Council's expense. Unfortunately the scheme was somewhat delayed by legal questions, but has come into operation during the present year.

This scheme should provide adequate accommodation for men for some years to come, but does not provide any additional accommodation for the use of ladies. The need for sanitary accommodation for both sexes in the

Station area remains urgent,

CASES OF INFECTIOUS DISEASE IN AGE GROUPS

Total Deaths	1	1	1	1		1	1	-	I	1	2
Cases admitted to Hospital		_	7	14	-	_		m		1	25
revo bns 20	1	l	1	5	_	1	1	!	1	1	9
S9-St	I	1	1	2	1	1		ı	1	1	9
37-55	1	1	_	7	1	1	7	ı		1	9
50-32	l	_	ı	7	7	_	_	l	1	3	10
12-20	1	1	1	1	l	1	4	1	1	ı	4
51-01	_	1	-	l	1	1	18	3	1	l	23
01-5	7	1	1	1	- 1	1	45	20	1	2	69
S-4	l	l	ı	t	1	1	1	9	l	1	9
7-8	1	1	1	1	1	1	3	3	1		7
2-3	1	1	ı	1	ı	1	7	5	l	1	7
1-2	1	1	I	ţ	1	ı	4	4	1	_	6
Under I year	1	1	1	l	I	1	1	3	1	1	3
Total Cases bofified	3	-	2	14	3	1	80	44	_	7	156
	:	:	:	:	:	:	:	:	:	:	:
	:	:	:	:	:	:	:	:	:	:	Totals
Disease	Scarlet Fever	Para-typhoid B	Erysipelas	Dysentry	Pneumonia	Puerperal Pyrexia	Measles	Whooping Cough	Food Poisoning	Scabies	Tc

DIPHTHERIA IMMUNISATION

1-5 YEARS OF AGE

Number on Roll	 	924
Number Immunised	 	914
Percentage	 	99

'5-15 YEARS OF AGE

	Nur	nber	Percent-
	On Roll	Immunised	age
SCHOOLS: Primary and County Modern— St. Wilfrid's Infants St. Wilfrid's Junior	169 332 313 272 491	169 328 310 270 483	100 . 99 99 99 99
	1,577	1,560	99
SCHOOLS: Private	825	813	98
NOT YET AT SCHOOL, or at school outside area	190	189	99
	2,592	2,562	99

INFECTIOUS DISEASE

Notification Rates per 1,000 of the Population

Notifications	England and Wales	Cuckfield Urban
Typhoid Fever	. 0.01	_
Dorotunhoid Four	0.01	0.06
Cerebro-spinal Fever	0.03	_
Scarlet Fever	1.73	0.18
Whooping Cough	3.42	2.70
Dinhtharia	. 0.08	
Erysipelas	0.21	0.12
Smallpox		_
Measles	. 9.34	4.91
Pneumonia	. 0.73	0.18
	. 0.04	_
Acute Policencephalitic	. 0.00	<u> </u>

TABLE SHOWING VITAL STATISTICS FOR THE YEARS 1934-1948

Natural	of Births	Deaths	-10	-16	20	18	17	17	-38	-2	41	09	75	39	51	87	48
	Infant	Rate	45.04	47.94	12.27	50.63	30.3	41.4	43.5	40.4	30.7	24.19	33.33	23.36	24.39	32.37	17.86
ts,		Total	5	7	2	∞	2	∞	7	∞	7	9	6	2	9	6	4
Infants		Ľ	2	7	7	5	7	2	7	7	2	m	7	7	က	2	_
		Σ	3	2	1	m	m	m	2	9	7	m	7	m	m	4	c
	Death	Rate	10.44	12.62	10.93	10.51	10.88	11.73	11.91	11.55	13.94	12.86	13.45	12.27	13.16	12.62	10.31
fo	0	Total	121	162	143	140	148	172	192	186	214	188	195	175	195	191	168
Number of		ĮΉ	71	81	75	83	83	106	101	96	125	117	115	92	102	113	100
NZ.	•	Σ	50	81	89	57	65	99	91	92	68	71	8	83	93	78	89
	Birth	Rate	9.58	11.4	12.5	11.9	12.13	13.61	9.55	11.30	14.85	16.96	18.62	15.00	16.60	18.37	13.75
	nate	Total	m	7	6	6	7	4	9	11	16	76	59	24	17	11	19
rths	egitimate	Ĭ	2	4	2	2	9	_	7	2	4	14	16	15	∞	9	=
of Bir	III	Z		m	4	4	_	m	4	9	12	12	13	6	6	2	∞
Number of Bir	ate	Total	108	139	154	149	158	185	148	173	212	222	241	190	229	267	205
N	Legitimate	江	53	99	79	75	79	96	89	88	101	107	119	66	116	134	96
	T	M	55	73	75	74	79	68	80	85	111	115	122	91	113	133	109
Fefi	mated Popula-	tion tion	12,736	12,830	13,080	13,320	13,600	13,880	16,120	16,280	15,350	14,620	14,500	14,260	14,820	15,130	16.290
	Vear	Cal	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948

COMPARATIVE TUBERCULOSIS STATISTICS 1939-1948.

Jo pu	Non-Pulmonary	Total	18	20	24	28	30	31	32	37	34	32
at e	ı-Pulr	L	11	10	15	17	18	81	61	22	21	19
Register Year	Nor	Σ	7	10	6	Ξ	12	13	13	15	13	13
Number on Register at end Year	Pulmonary	Total	41	50	58	64	65	73	73	70	65	99
nmpe	Pulme	ĬŢ,	25	28	33	34	33	35	35	31	28	28
Z		Σ	16	22	25	30	32	38	38	39	37	38
	Non-Pulmonary	Total	_	l	2	_	1	1	ı	1	ı	
	ı-Pulı	L	ı	l	2	-	1	1	1	1	1	1
ıths	Nor	Σ	_	1	1	1	1	1	1	I	1	1
Dea	Deaths Name National	Total	4	\$	ς,	r.	33	5	5	7	2	3
	Pulmonary	Ľ	-	n	_	_	7	7	_	7	1	1
	Ь	Σ	3	2	7	2	_	n	4	5	2	2
	Non-Pulmonary	Total	5	4	9	4	4	2	4	9	2	1
	-Pulr	江	2	I	5	2	2	_	n	4	_	1
Cases	Non	Σ	3	4	_	2	2	_	_	2	_	1
New Cases	nary	Total	∞	17	15	=	20	10	10	13	9	6
	Pulmonary	Ľ	4	7	01	2	10	8	m	7	2	-
		Z	4	10	5	9	10	7	7	=	4	5
	Year		1939	1940	1941	1942	1943	1944	1945	1946	1947	1948

TUBERCULOSIS—NEW CASES AND MORTALITY, 1948

Age Periods Respiratory 0 - 1 1 - 5 5 - 15 15 - 25 25 - 35 35 - 45 45 - 55	,					
Males	_	Non-Respiratory	Respiratory	atory	Non-Res	Non-Respiratory
1	emales Males	Females	Males	Females	Males	Females
	l l	1	1	1	1	1
	· 	1	1	1	1	1
: : : : : : : : : : : : : : : : : : : :	1 	l	ı	1	l	l
: : :	1	1	ı	1	1	1
- · · · · · · · · · · · · · · · · · · ·	1	1	1	1	ı	1
:	1	l	1		ı	ı
	i 	1	_	1	I	1
55 - 65	1	l	ı	1	1	1
65 and over 1 -	l l	1	_	1	1	1
TOTALS 5 1	1	1	2	-	1	1

THE MID-SUSSEX ISOLATION HOSPITAL

Appended below are details of cases admitted to Hospital during the year.

Disease.	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural District	Other Districts	Total
Poliomyelitis Observation Poliomyelitis Observation Diphtheria Scarlet Fever Scarlet Fever and Otitis Media Measles Measles and Pneumonia Rubella Whooping Cough Whooping Cough & Pneumonia Erysipelas Chickenpox Chickenpox and Burns Chickenpox and Impetigo Pneumonia Streptococcal Throat Mumps Impetigo Impetigo and Shingles Shingles Shingles Tonsillitis Cerebro-Spinal Meningitis Para-Typhoid B Pyelitis Urticaria Quinsey Abscess (neck) Abscess (face) Vincents Agina.	4 — 5 — 3 — 1 — — 1 1 1 1	- - 1 - 1 1 2 2 1 - 1 1 - 1 1 - 1 - 1 -			2 1 1 9 1 1 1 - - 1 - - 1 - - 1 - - 1	9	7 2 1 18 1 5 3 1 5 4 8 10 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Totals	27	17	2	11	26	11	94

